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Bib Data Sheet

CONFIRMATION NO. 4389

SERIAL NUMBER 10/685,357	FILING DATE 10/14/2003  RULE	CLASS 132	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 14657
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None *rn*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *rn*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>rn</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Hair clip assembly

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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